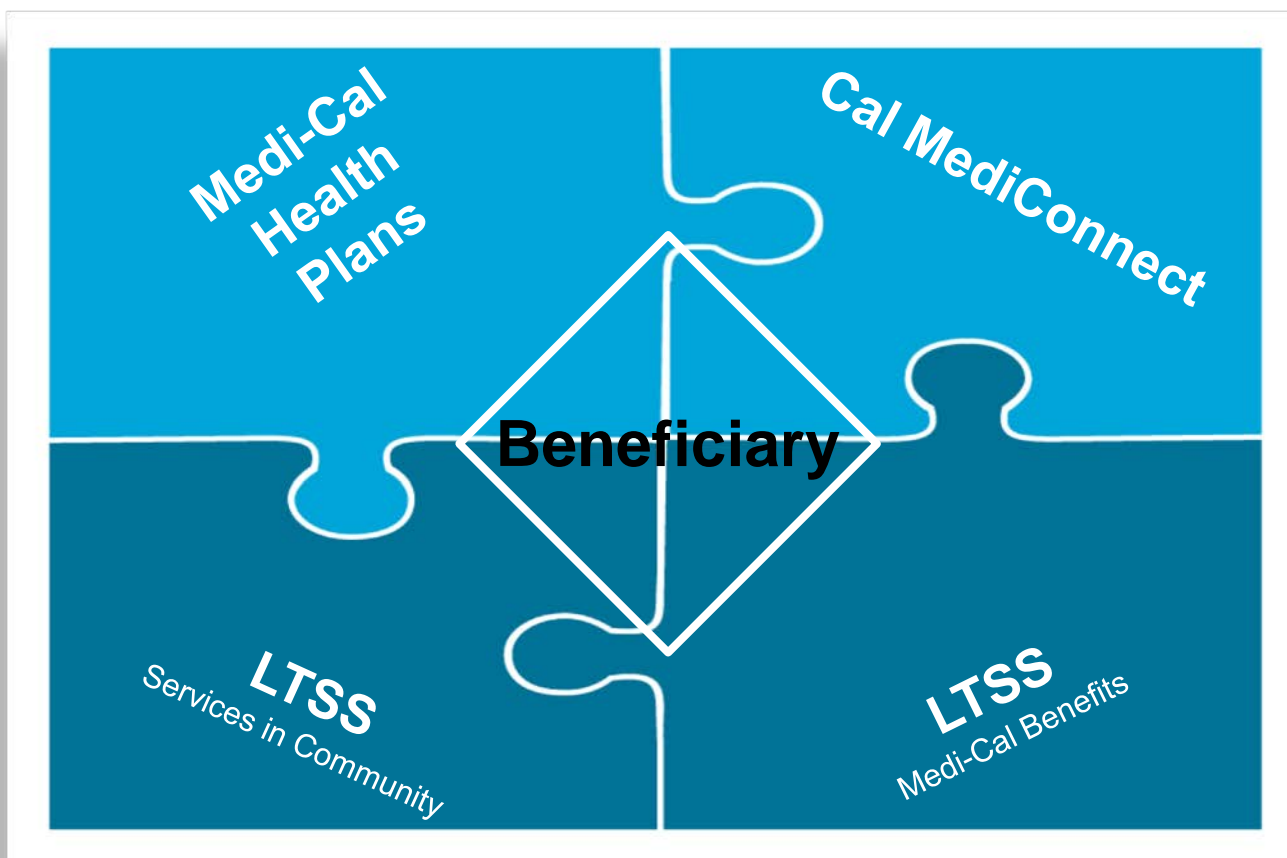


Long-Term Services & Supports and the Coordinated Care Initiative



Today's Topics

- The Coordinated Care Initiative (CCI) vs. [Cal Medi-Connect](#)
- Long-Term Services and Supports (LTSS) available under [CCI](#)
- Organizations/agencies who provide these services to the senior and disabled populations that you serve
- How these services will change or stay the same
- Care Coordination and LTSS

** This presentation was developed collaboratively by managed care health plans, and Los Angeles County and City social services representatives.*

Legislative Change:

Introducing CCI

The Coordinated Care Initiative

CCI was passed in June 2012, and will make three key changes to healthcare in California:

CCI
Legislation
Passed in
California



Transition of Medi-Cal LTSS to Medi-Cal health plans



Mandatory enrollment into a Medi-Cal health plan for Medi-Cal benefits



Transition of Medi-Medis into a Medi-Cal health plan, also referred to as Cal MediConnect.

What will change for Medi-Cal beneficiaries?

Medi-Cal-Only:

- Most Medi-Cal beneficiaries will have to join a Medi-Cal health plan for benefits like:
 - ✓ LTSS
 - ✓ Non-emergency transportation (medically necessary)
 - ✓ Incontinence supplies
 - ✓ Some medical equipment that Medicare doesn't cover
 - ✓ Medical care (if not enrolled in Medicare)

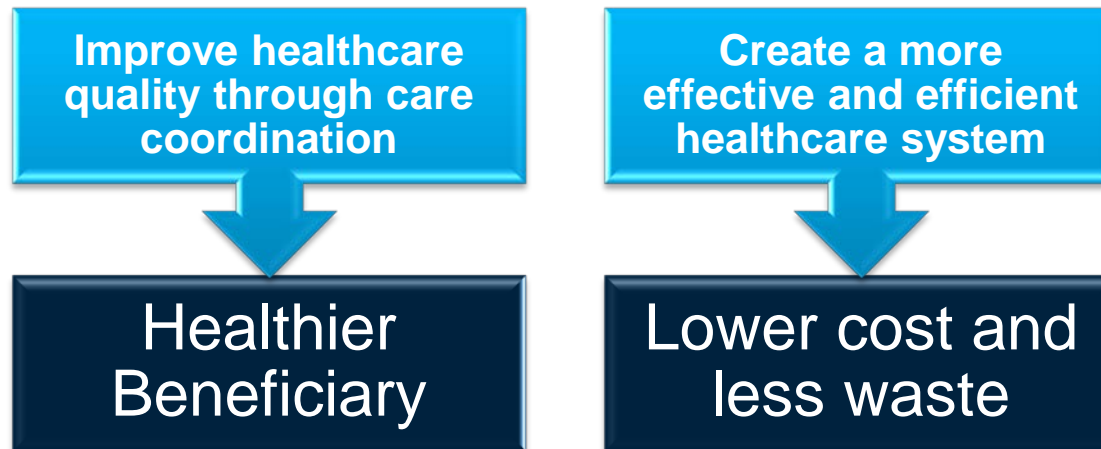
Medi-Medis:

- Most Medi-Medis can join [Cal MediConnect](#) and get ALL their health care from one health plan (all Medicare and Medi-Cal benefits, combined).
- Medi-Medis can opt out of joining a health plan for the Medicare portion of their services, but will have to remain in a Medi-Cal health plan for their Medi-Cal services.

Why is this happening?

A key goal of **CCI** is to provide **LTSS** in a coordinated effort that focuses on supporting individuals living independently in the community.

Specifically, CCI hopes to:

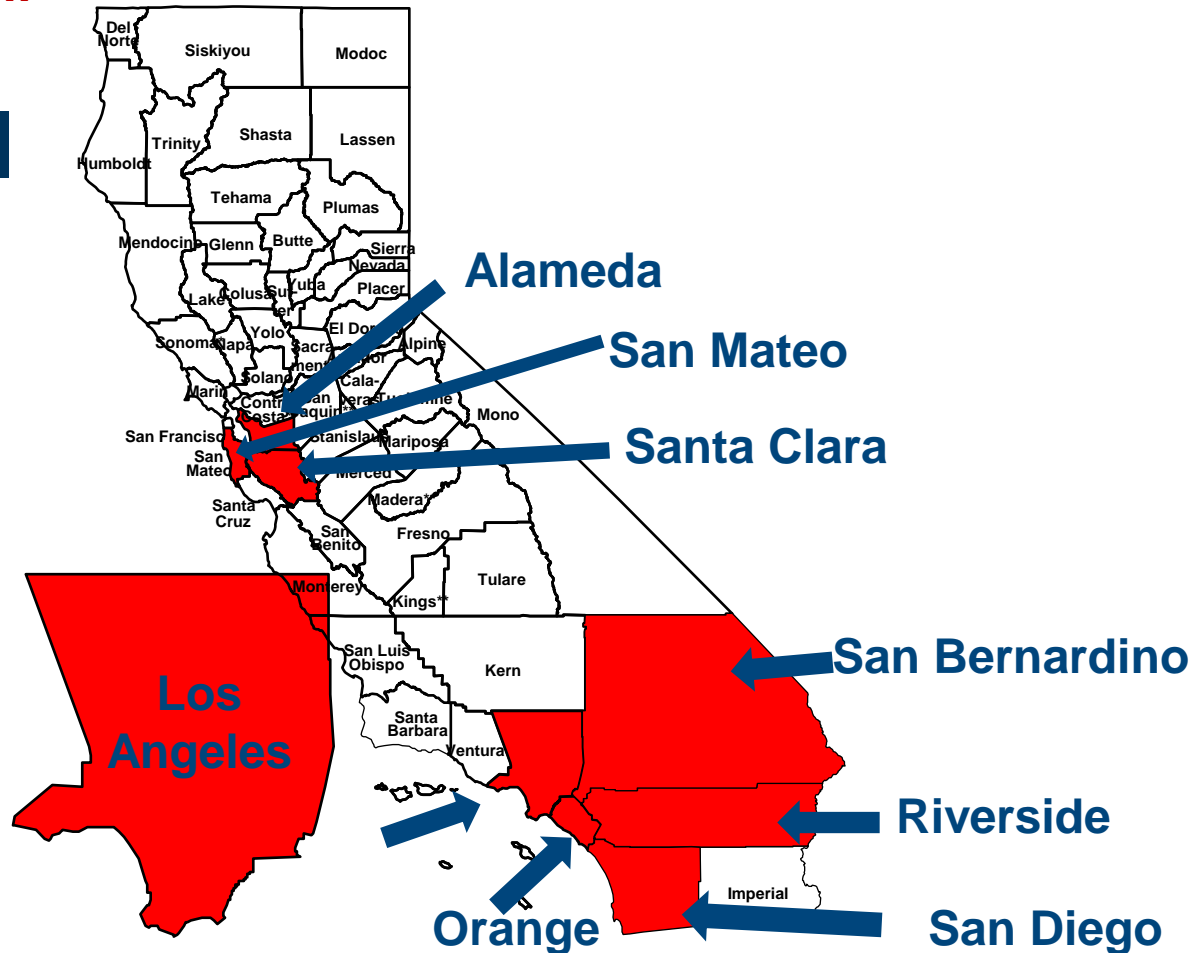


Where is this happening?

The State approved CCI in eight counties in California

Beneficiaries impacted by CCI:

Alameda	31,076
Los Angeles	271,072
Orange	57,060
Riverside	34,477
San Bernardino	36,368
San Diego	50,952
San Mateo	10,652
Santa Clara	35,245



Long-Term Services and Supports:

Defining LTSS and its Components

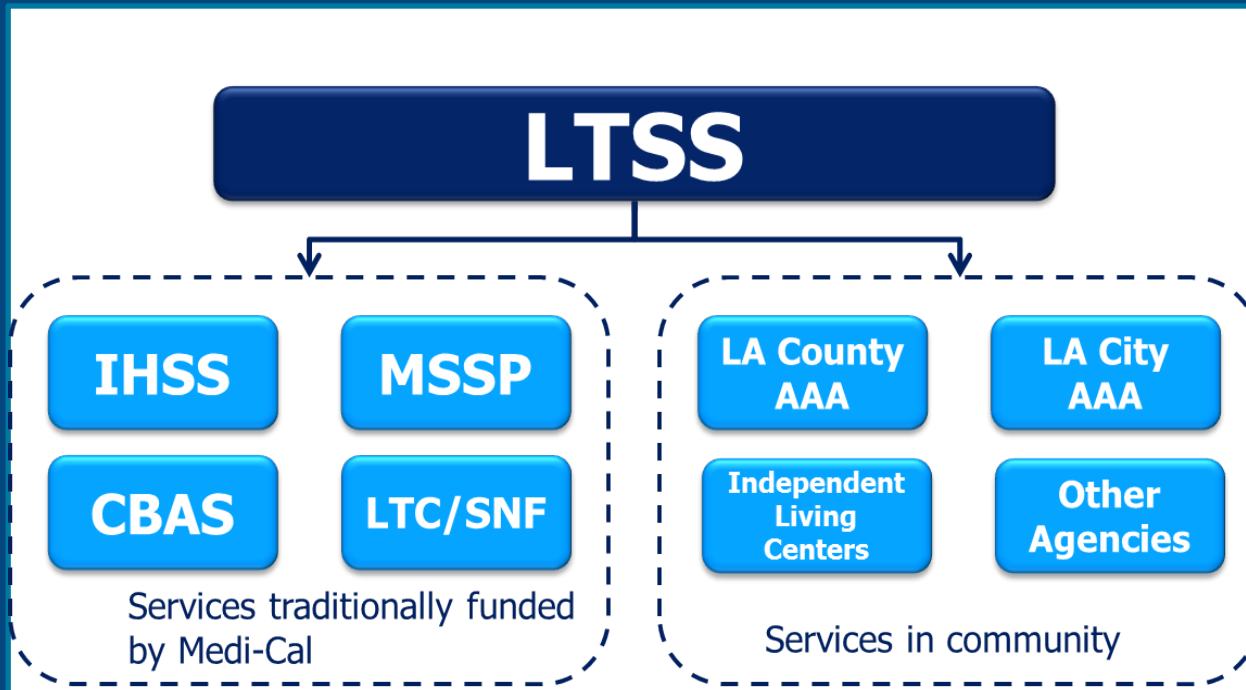
What is LTSS?

Services that support individuals living independently in the community and in Skilled Nursing Facilities (SNFs).

Polling Question #1:

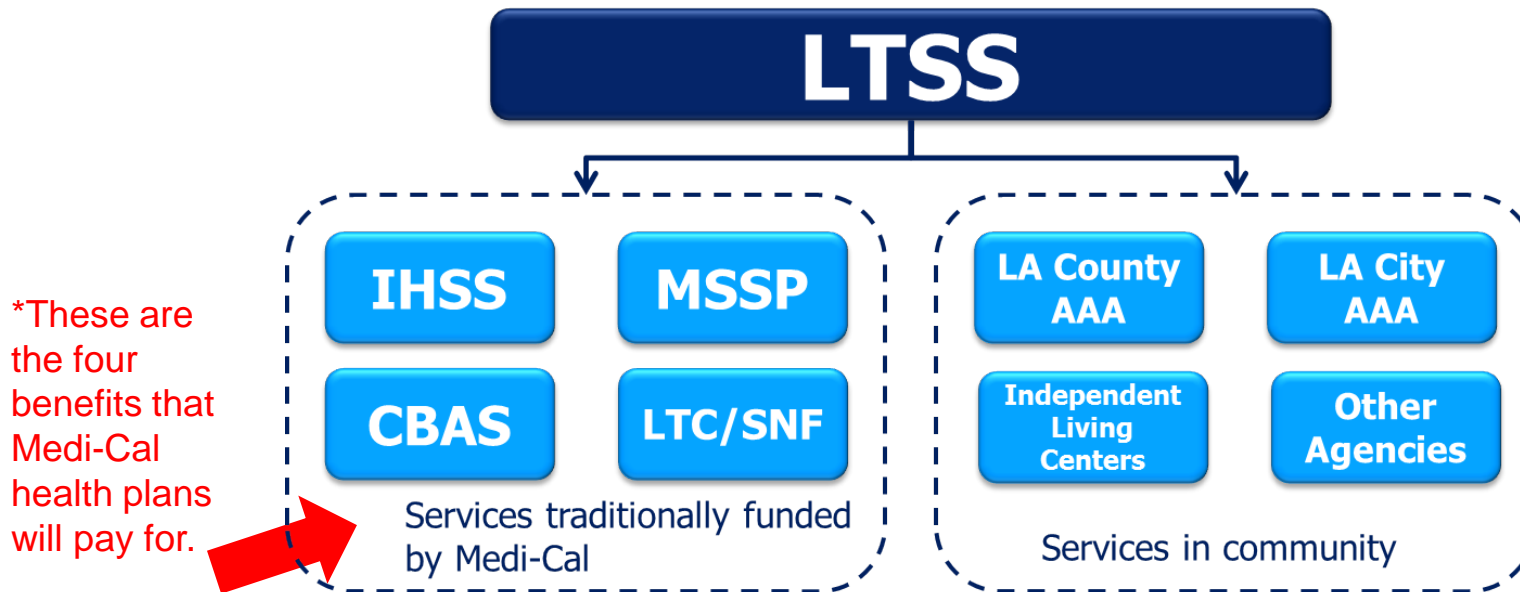
What are examples of LTSS?

Polling Question #1 Answer:

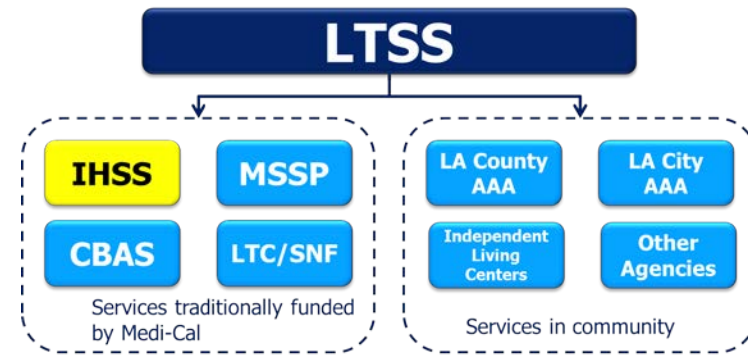


What is LTSS?

1. A defined benefit package of services traditionally funded by Medi-Cal.
2. Other services available in the community that are not Medi-Cal health plan benefits, but are known to support independent living.



IHSS - Definition



In-Home Supportive Services (IHSS) is a State program that provides in-home care to seniors and persons with disabilities allowing them to remain safely in their homes. The IHSS Program serves approximately 190,000 recipients in L.A. County. IHSS services include:

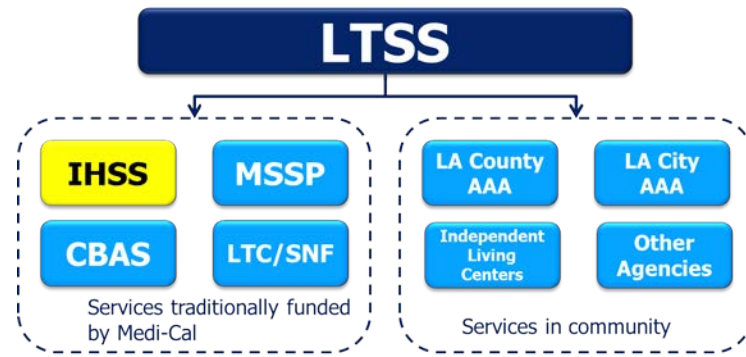
- **Domestic and Related Services** (i.e., house cleaning/chores, meal preparation & clean-up, laundry, grocery shopping, heavy cleaning)
- **Personal Care** (i.e., bathing & grooming, dressing, feeding)
- **Paramedical Services** (i.e., administration of medication, puncturing skin, range of motion exercises)
- **Other services** (i.e., accompaniment to medical appointments, yard hazard abatement, protective supervision)

IHSS - Eligibility

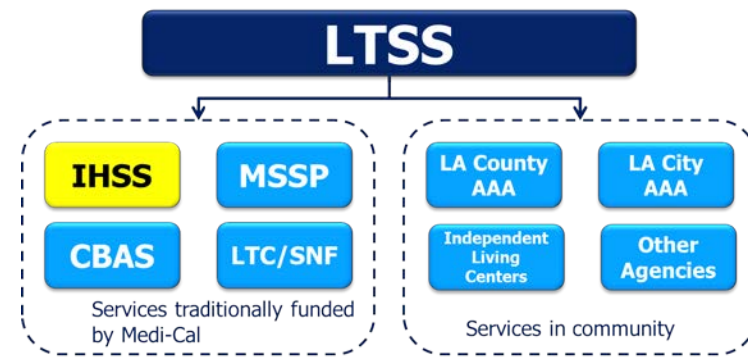
Who is Eligible for IHSS?

All IHSS recipients must:

- be a California resident and a U.S. citizen/legal resident, and be living in their own home;
- receive or be eligible to receive Supplemental Security Income/State Supplemental Payment (SSI/SSP) or Medi-Cal benefits;
- be 65 years of age or older, legally blind, or disabled by Social Security standards; and
- submit a healthcare certification form (SOC 873) from a licensed health care professional indicating that they need assistance to live at home.



IHSS - Referral

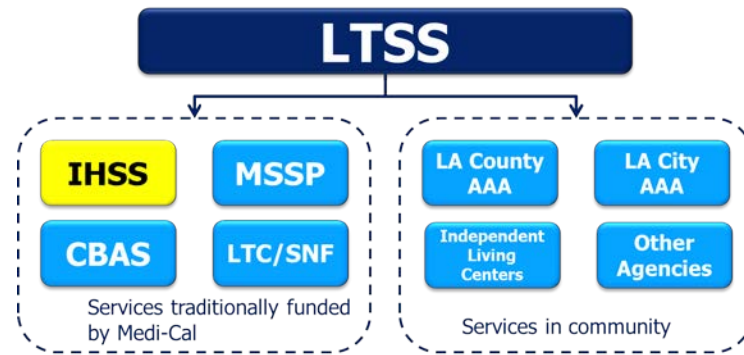


How does an individual or IHSS provider access IHSS?

- The County Department of Public Social Services (DPSS) determines eligibility and hours of service. An individual may apply for IHSS by calling **888-944-IHSS** (inside L.A. County) or **213-744-4477** (outside of L.A. County).
- The Personal Assistance Services Council (PASC) assists IHSS recipients with finding IHSS providers, and provides other support services for IHSS recipients. **877-565-4477**
- You can also call the beneficiary's Medi-Cal health plan at (800) 430-4263 for assistance with the application process.

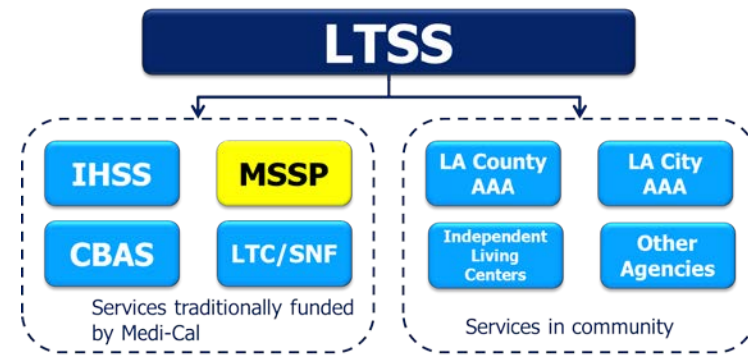
IHSS - Changes

How will IHSS change under CCI?



What is changing?	What stays the same?
<ul style="list-style-type: none">• Most IHSS recipients will have to enroll in a Medi-Cal health plan to continue receiving services.• Medi-Cal health plans will be financially responsible for IHSS, and will coordinate with the DPSS to make sure recipients are getting the care they need.	<ul style="list-style-type: none">• IHSS beneficiaries will maintain their rights to hire, fire, train, and supervise their own IHSS providers.• County agencies administering the IHSS program will maintain their current roles.• Medi-Cal health plans will not be able to reduce IHSS hours authorized by the county.

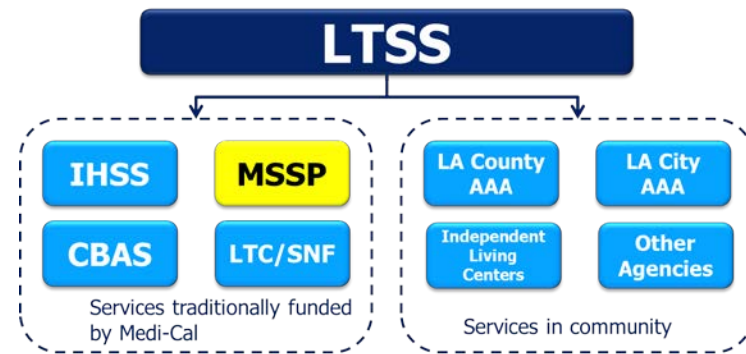
MSSP - Definition



The Multi-purpose Senior Services Program (MSSP) is an intensive case management program that provides both social and health care management services, such as adult day care, housing assistance, chore and personal care assistance, protective supervision, care management, respite care, transportation, meal services, social services, and communication services.

- Six MSSP sites serve approximately 5,000 beneficiaries in L.A. County.
- MSSPs work closely with local organizations and agencies that provide LTSS and home and community-based services.

MSSP - Eligibility

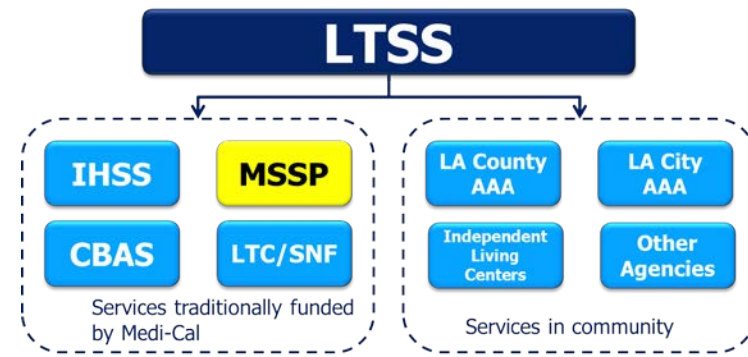


Who is Eligible for MSSP?

In order to be eligible for MSSP, an individual must:

- be 65 years of age or older;
- live within an MSSP service area;
- be eligible for Medi-Cal with no SOC; and
- be certified for nursing home placement.

MSSP - Referral

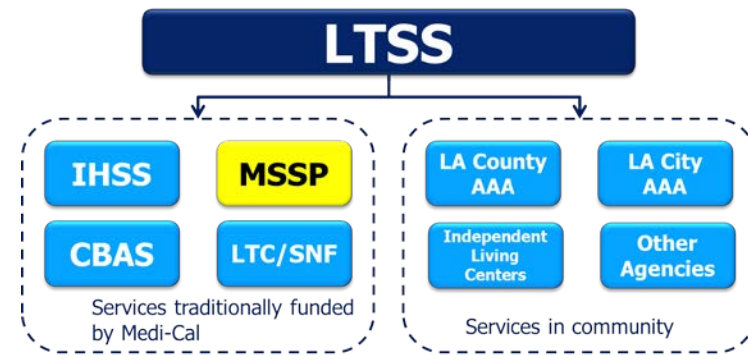


How does a beneficiary or provider access the MSSP?

- After *CCI* begins, in order to receive MSSP services, an individual must first be enrolled in a Medi-Cal health plan.
- Contact the Medi-Cal health plan's Member Services Department at **(800) 430-4263** to begin the referral process.

MSSP - Changes

How will the MSSP change under CCI?



What is changing?

- **Year 1**: Beneficiaries receiving MSSP services will have to enroll in a Medi-Cal health plan to continue receiving services.
- **Years 1-2**: Medi-Cal health plans will work with MSSP providers to begin development of an integrated, person-centered care management/care coordination model that works within the context of managed care.
- **18 months after implementation**: MSSP services will transition from a federal waiver to a benefit administered and coordinated by Medi-Cal health plans.
- Medi-Cal health plans must provide “MSSP-like” services for beneficiaries who are eligible, but do not have a MSSP slot.

What stays the same?

- **Year 1**; MSSP recipients who enroll in a Medi-Cal health plan will continue to receive services from the same MSSP.

Polling Question #2:

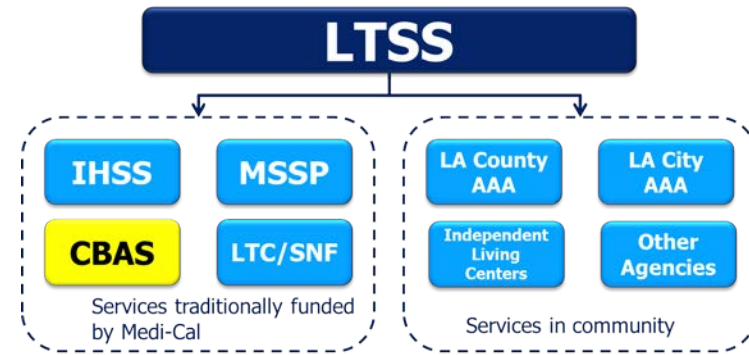
Is it possible for a beneficiary to receive more than one LTSS at the same time?

Polling Question #2 Answer:

Yes, if a beneficiary meets the program criteria, he/she may receive MSSP, IHSS, CBAS, and services in the community at the same time.

If a beneficiary is placed in a SNF, he/she would not receive additional LTSS while in that facility.

CBAS - Definition

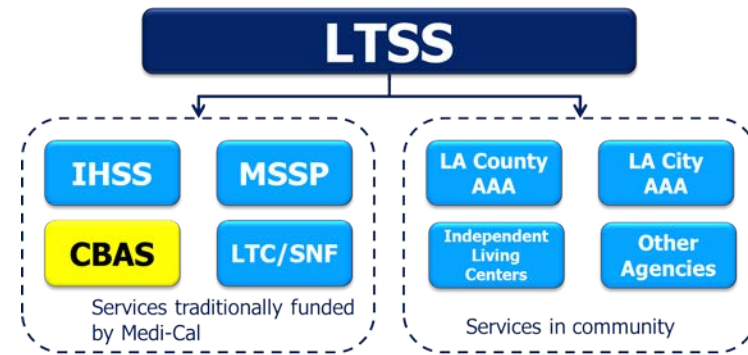


Community Based Adult Services (CBAS) is a facility-based program that provides skilled nursing, social services, physical and occupational therapies, personal care, family/caregiver training and support, meals, and transportation. CBAS serves approximately 20,000 beneficiaries in L.A. County.

The primary objectives of the CBAS program are to:

- Restore or maintain optimal capacity for self-care to frail elderly persons and other adults with physical or mental disabilities.
- Delay or prevent inappropriate or personally undesirable institutionalization in long-term care facilities.

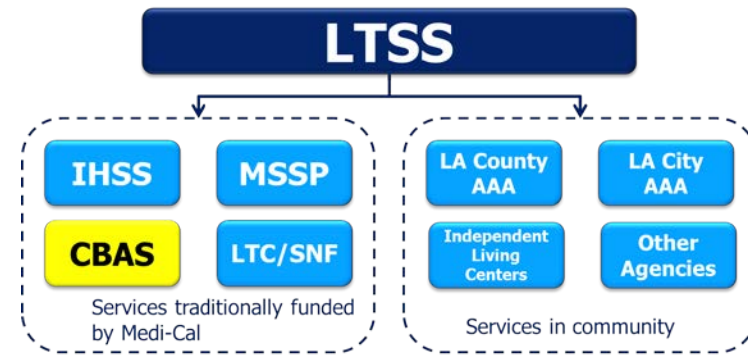
CBAS - Eligibility



Who is Eligible for CBAS?

- CBAS services may be provided to Medi-Cal beneficiaries over 18 years of age who:
 - ✓ Meet Nursing Facility A or B requirements
 - ✓ Have Organic/Acquired or Traumatic Brain Injury and/or Chronic Mental Health conditions
 - ✓ Have Alzheimer's disease or other dementia
 - ✓ Have Mild Cognitive Impairment
 - ✓ Have a Developmental Disability
- The Medi-Cal health plan will do a face-to-face assessment to determine final program eligibility.

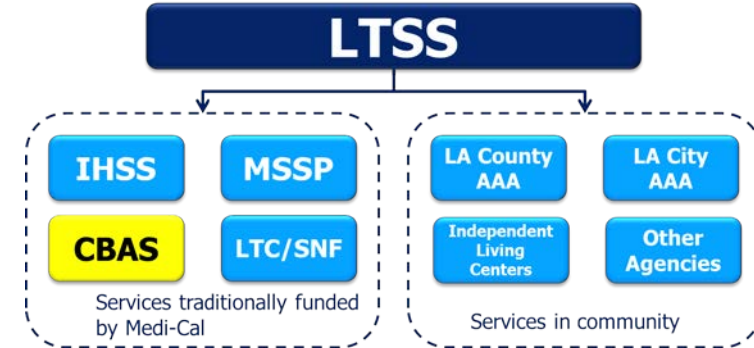
CBAS - Referral



How does a beneficiary or provider access CBAS?

- In order to receive CBAS services, a beneficiary must first be enrolled in a Medi-Cal health plan.
- Contact the Medi-Cal health plan's Member Services Department at **(800) 430-4263** to begin the referral process.

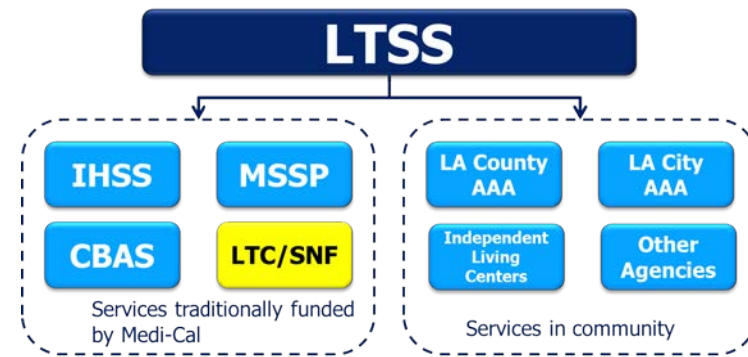
CBAS - Changes



How will CBAS change under the CCI?

What is changing?	What stays the same?
<ul style="list-style-type: none">Beginning December 1, 2012, most individuals interested in receiving CBAS must be enrolled in a Medi-Cal health plan to receive services.	<ul style="list-style-type: none">CBAS centers still determine levels of service after authorization.Beneficiaries currently in CBAS program will remain in the program as long as they are enrolled in a Medi-Cal health plan.

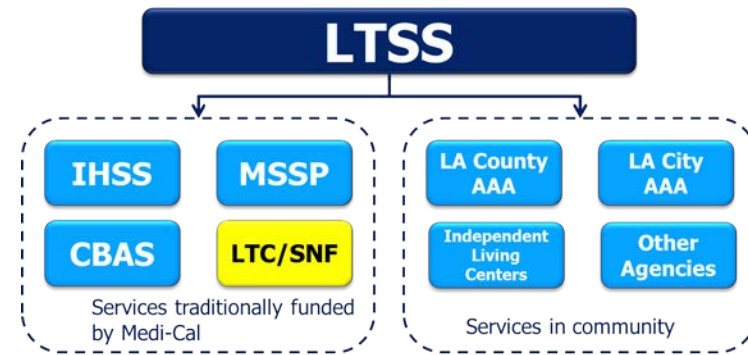
LTC/SNF - Definition



Long-Term Care (LTC)/Skilled Nursing Facility (SNF)

- LTC is the provision of medical, social, and personal care services (above the level of room and board) that are not available in the community, and are needed regularly due to a mental or physical condition.
- LTC is generally provided in a facility-based setting such as a SNF.

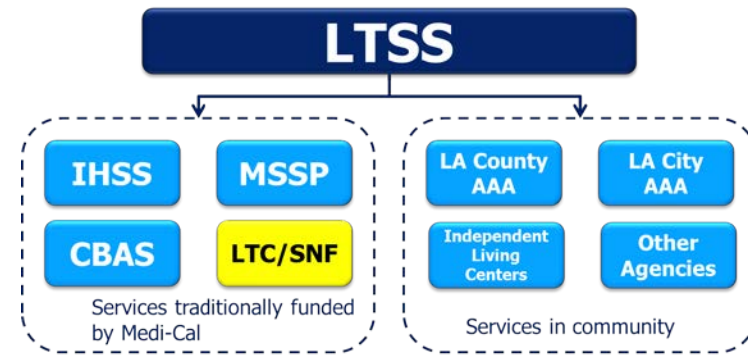
LTC/SNF - Eligibility



Who is eligible for LTC/SNF placement?

- Medi-Cal beneficiaries who require 24-hour long or short-term medical care as prescribed by a physician.

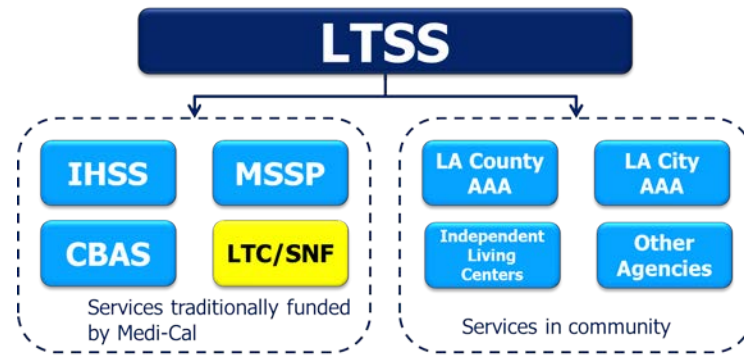
LTC/SNF - Referral



How can a beneficiary or provider access a LTC/SNF?

- LTC/SNF placement is made through a physician/ licensed healthcare provider referral.
- Contact the Medi-Cal health plan Member Services Department at **(800) 430-4263** to begin the referral process.

LTC/SNF - Changes



How will LTC/SNF change under CCI?

What is changing?	What stays the same?
<ul style="list-style-type: none">Under current State policy, a beneficiary enrolled in a health plan is dis-enrolled from that plan when a SNF stay exceeds two months. Under CCI, the beneficiary will remain enrolled in a Medi-Cal health plan. The plan will continue to pay for the SNF care and will help coordinate health care services for the beneficiary for the entire time they reside in a SNF.Once CCI begins, most Medi-Cal beneficiaries receiving LTC/SNF services will have to join a Medi-Cal health plan for their Medi-Cal benefits.	<ul style="list-style-type: none">Beneficiaries may remain in the SNF they currently reside in.SNFs will get paid by the Medi-Cal health plan at the same relevant reimbursement rate depending on whether the stay is a Medicare or Medi-Cal benefit.

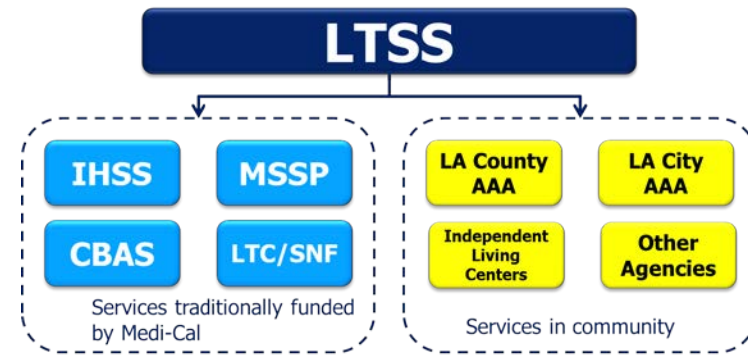
Polling Question #3:

What is the one resource that can always be used/contacted to help in the referral for any of the LTSS components we've discussed?

Polling Question #3 Answer:

Beneficiary's Medi-Cal Health Plan Member Services Department (800) 430-4263.

Services in Community - Definition

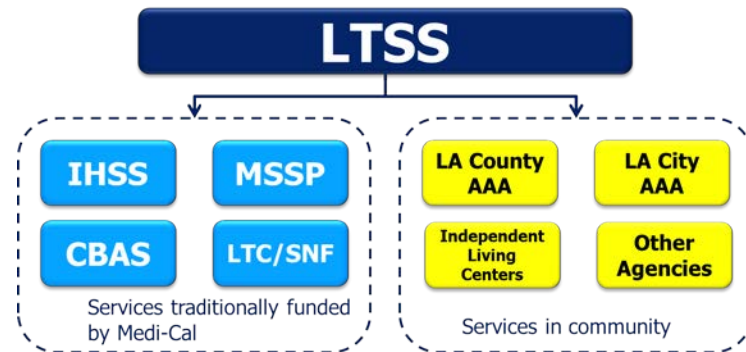


Services in Community

L.A. County has many additional agencies and programs that support individuals living independently in the community.

These agencies provide LTSS that are **not** managed care benefits, but often work with Medi-Cal health plans to get beneficiaries the services they need.

Services in Community – Eligibility



What programs are available?

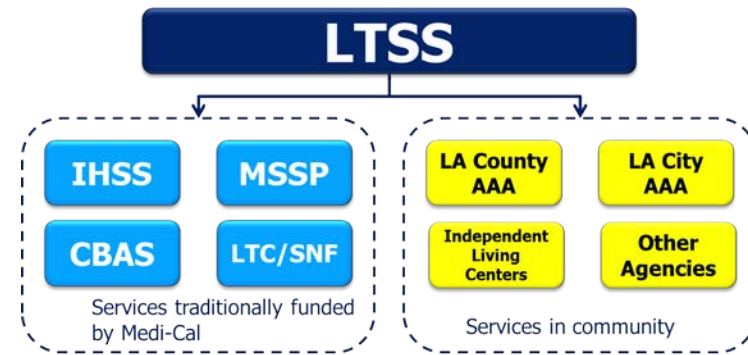
- **Area Agency on Aging (AAA)**

County and City of Los Angeles' AAAs each have a rich infrastructure of community-based organization/programs that provide supportive services to older adults and family caregivers

Some AAA programs include:

- ✓ Family Caregiver Support Program
- ✓ Support Services Program
- ✓ Elderly Nutrition Programs – Congregate & Home Delivered Meals
- ✓ Senior Community Service Employment Program
- ✓ Health Insurance Counseling and Advocacy Program
- ✓ Long-Term Care Ombudsman Program

Services in Community – Eligibility (Continued)



What programs are available?

- **Independent Living Centers (ILCs)**

ILCs work with individuals who have a disability, regardless of age. An orientation/intake is required for individuals requesting services.

ILCs provide services such as, but not limited to:

- ✓ Housing assistance,
- ✓ Advocacy,
- ✓ Assistive technology,
- ✓ Benefits assistance,
- ✓ Vocational training,
- ✓ independent living skills, and
- ✓ access to transportation.

Services in Community – Eligibility (Continued)

What programs are available?

- **Meals on Wheels**

A home-delivered meal program for seniors and people with disabilities.

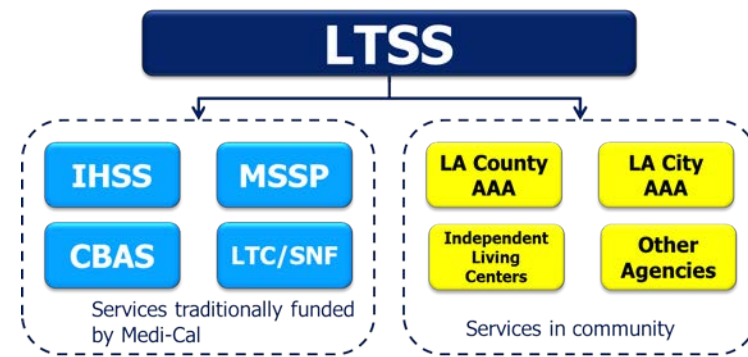
- **Housing Authority of the County of Los Angeles**

Manages the Public Housing Program, which owns/operates housing units and leases them units to families – also manages the Section 8 Program, which provides tenant-based assistance for housing costs.

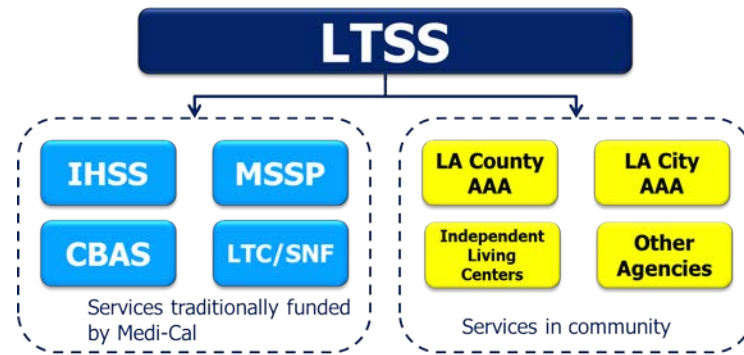
- **Access Services**

A local public entity that administers the L.A. County Coordinated Para-transit Plan. Paratransit travel is an alternative mode of flexible passenger transportation that does not follow fixed routes/schedules available to eligible persons with disabilities who cannot use public transportation.

** Not an exhaustive list of services*



Other LTSS - Referral



How does a beneficiary or provider access services in the community?

- For assistance with any of the above services, contact the Medi-Cal health plan Member Services Department at (800) 430-4263.
- **AAA:** Contact the Information and Referral Call Center at (800) 510-2020
- **ILC:** Contact the California Foundation for ILC to find the ILC in your area at (916) 325-1690, (916) 325-1699 (TTY) www.cfilc.org
- **Other Agencies:** For additional information/referral assistance about other L.A. County programs, contact the program directly or call **211**.

Care Plan Options (CPOs)

- CPOs are additional services that Medi-cal health plans may (but are not obligated to) provide to help keep the beneficiary safely in his/her own community.
- Medi-cal health plans will not get additional reimbursement for providing CPOs.
- CPOs are not intended to replace LTSS that a beneficiary has been assessed and authorized to receive under Medi-Cal.
- **Examples:**
 - ✓ Respite care;
 - ✓ Additional personal care and chore-type services beyond those authorized by IHSS;
 - ✓ Habilitation;
 - ✓ Nutritional assessment, supplements and home delivered meals; and
 - ✓ Home maintenance and minor home or environmental adaptation.

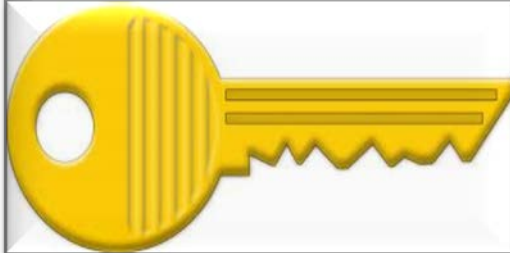
Key Take Aways



Medi-Cal beneficiaries will receive four LTSS benefits through Medi-Cal health plans: IHSS, CBAS, MSSP, and LTC/SNF.



If a Medi-Cal beneficiary wants LTSS services, he/she must join a Medi-Cal health plan to get them.



Medi-Medis can join *Cal MediConnect* Program and get ALL their health care from one health plan (all Medicare and Medi-Cal benefits, combined and coordinated).



LTSS and Medi-Cal health plans must work together to coordinate the assessment and care planning processes.

LTSS Scenarios:

Applying What We've Learned



Scenario #1 – Danny

Danny is a 21-year-old with muscular dystrophy, a condition he was born with. He recently graduated from college, and is planning to move from his parents' home to an apartment. He uses a wheelchair and requires help with things like getting out of bed, taking a shower, and getting dressed.

Danny's mother works part-time from home, and has been his primary caregiver since birth. She will live less than three miles away from Danny after his move, and would like to continue to help him if she can.

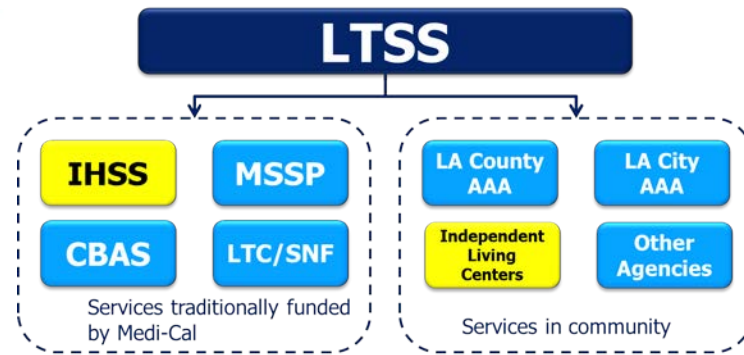


How does Danny get the LTSS he needs?



- What services could help Danny live independently?
- What agencies provide those services?
- Once the CCI starts, how will Danny access the services that he chooses?

Answers:



- **What services could help Danny live independently?**

Danny calls his Medi-Cal health plan care coordinator for ideas.

Danny decides he:

- ✓ should apply for IHSS to help with his personal care.
- ✓ should join a peer support group.

- **What agencies provide those services?**

- ✓ IHSS - DPSS and PASC
- ✓ Peer support group - ILC

- **Under CCI, how does Danny access the services he chooses?**

- ✓ **Danny's Medi-Cal health plan care coordinator can help him access and keep track of all these services; or**
- ✓ To apply for IHSS, Danny may call the IHSS application toll-free telephone
- ✓ for assistance in locating an IHSS provider, Danny may either contact PASC or choose to have his mother be his IHSS provider.
- ✓ Danny may contact his local ILC and ask about peer support groups.

Scenario #2 – Mrs. Jackson

Mrs. Jackson is 89 years old and has severe osteoporosis. She can use a walker, but most of her mobility is via wheelchair. She has limited eyesight, her hearing is almost gone, and she finds it very difficult to make her own meals.

Mrs. Jackson recently fell and was admitted to the hospital for a broken hip. She was then admitted to a nursing home for 60 days. She is alert but will need multiple services to go back to her own apartment and live as independently as possible. It is her wish to return home.

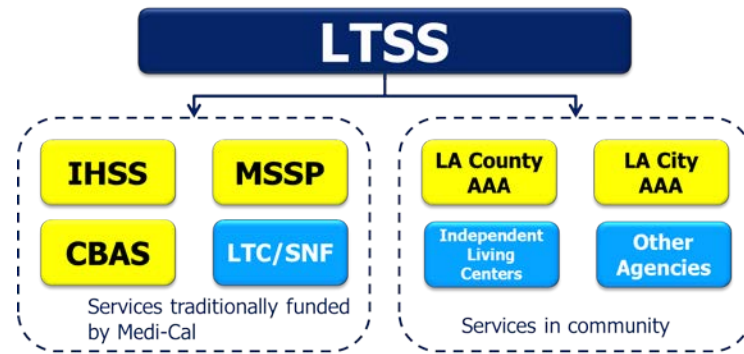


How does Mrs. Jackson get the LTSS she needs?



- What services could help Mrs. Jackson live independently?
- What agencies provide those services?
- Once CCI starts, how will Mrs. Jackson access the services that she chooses?

Answers:



- **What services could help Mrs. Jackson live independently?**

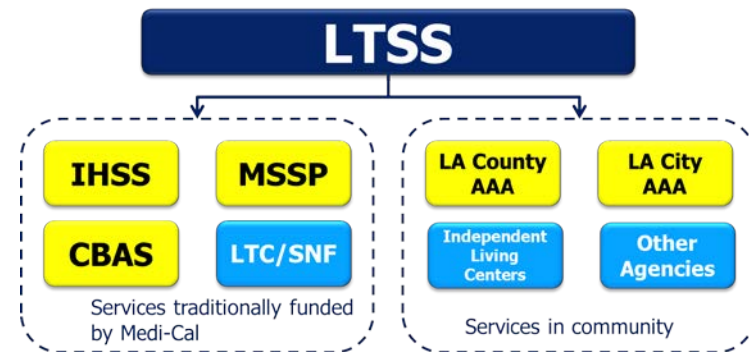
Mrs. Jackson meets with her Medi-Cal health plan care coordinator to discuss ideas on how she can return home safely. Together they come up with a care plan that includes all the services she chooses. Mrs. Jackson decides that she should:

- ✓ apply for MSSP for help with tasks like care management, home modifications, and meal delivery
- ✓ be referred for CBAS services
- ✓ apply for IHSS for the times she is not at a CBAS center
- ✓ connect with City and County senior services to learn what other programs are available

- **What agencies provide those services?**

- ✓ MSSP - six MSSP agencies in L.A. County
- ✓ CBAS - 150+ CBAS centers
- ✓ IHSS - DPSS and PASC
- ✓ Senior Services - City and County Departments of Aging

Answers (Continued):



- **Under CCI, how will Mrs. Jackson access the services she chooses?**
 - ✓ Mrs. Jackson's Medi-Cal health plan care coordinator can help her access and keep track of all these services, or
 - ✓ Since MSSP and CBAS are authorized by the Medi-Cal health plan, Mrs. Jackson may contact her Medi-Cal health plan to coordinate and access these services.
 - ✓ To apply for IHSS, Mrs. Jackson may call the IHSS application toll-free telephone.
 - ✓ For assistance in finding an IHSS provider, Mrs. Jackson may contact the PASC.
 - ✓ To learn about other programs that can assist her, Mrs. Jackson may contact City and County Department of Aging Services.

Scenario #3 – Mr. Kline

Mr. Kline is 85 years old and has been diagnosed with four chronic medical conditions, has advanced dementia, and needs 24-hour protective supervision at home. Due to a bad fall, Mr. Kline is in the hospital - his third admission this year.

Until recently, his care has been managed through his CBAS center, IHSS Social Worker, and daughter. Last week, Mr. Kline's daughter accepted a job that requires her to travel. He already receives the maximum amount of IHSS hours/week and the maximum number of CBAS days.

Since Mr. Kline no longer has anyone to care for him outside of his IHSS hours, he is still in the hospital, and his discharge planner needs to create a plan with his family to ensure the safest environment.

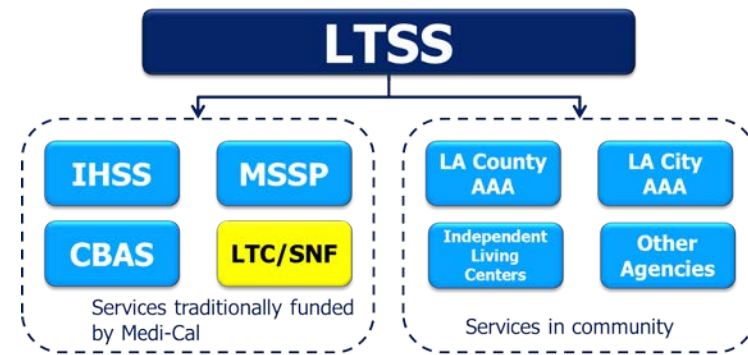


How does Mr. Kline get the LTSS he needs?



- What services could help Mr. Kline?
- What agencies provide those services?
- Once CCI starts, how does Mr. Kline access the services that he chooses?

Answers:



- **What services could help Mr. Kline live independently?**
 - ✓ Mr. Kline and his family meet with his Medi-Cal health plan care coordinator to discuss ideas on how he can stay as healthy and safe as possible. The family decides that a nursing home placement is the safest and best option for Mr. Kline given his needs.
- **What agencies provide those services?**
 - ✓ There are nearly 400 skilled nursing facilities in L.A. County that accept Medi-Cal. The Medi-Cal health plan will work with the family to choose the nursing facility that best meets the family's needs.
- **Under CCI, how will Mr. Kline access the services he chooses?**
 - ✓ Nursing home stays are authorized by the Medi-Cal health plan. The hospital discharge planner will work with the Medi-Cal health plan to make this happen.
 - ✓ Once Mr. Kline moves to a nursing facility, the Medi-Cal health plan will continue to monitor his health and help him get the care he needs.

Questions?



For additional information on CCI, Cal MediConnect, and LTSS, visit the *CalDuals* website at www.calduals.org